



The Aurora Housing Authority™

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## PROCESS TO REQUEST A CHANGE IN HOUSEHOLD COMPOSITION

AHA requires Public Housing program participants to report **ALL** changes to household composition within ten (10) calendar days of occurrence. Failure to comply with this requirement may result in termination of housing assistance and/or retroactive rent charges.

The completed **Change in Household Composition Request** form, accompanied by all required verification must be hand-delivered to AHA's Office during normal business hours.

### **MANDATORY DOCUMENTATION AND VERIFICATION:**

**Completed "Change in Household Composition Request" form** (see reverse side)

### **MANDATORY VERIFICATION, IF REPORTING HOUSEHOLD COMPOSITION CHANGE DUE TO BIRTH, COURT AWARDED CUSTODY, ADOPTION, FOSTER CARE:**

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Completed Declaration of 214 Status for each individual being added
- ☐ Court Awarded Custody Paperwork (if applicable)
- ☐ Adoption Paperwork (if applicable)
- ☐ Foster Care Documentation (if applicable)

### **REPORTING OTHER ADDITIONS TO THE HOUSEHOLD:**

The participant family is required to report additions to the household, in writing, 30 days prior to the proposed move-in date, in order to receive AHA's approval. **AHA will deny the addition of a family member, with exception of an addition by birth adoption, court awarded custody of a child, marriage, if the addition will result in overcrowding.**

### **VERIFICATION, IF REPORTING A REDUCTION IN HOUSEHOLD SIZE:**

- ☐ Foster care documentation (if applicable)
- ☐ Medical facility documentation (if applicable)
- ☐ Enrollment paperwork from an institution of high learning (if applicable)
- ☐ New address of removed household member with lease
- ☐ Move-out Date

***\* Failure to complete the Change in Household Composition Request form and submit all REQUIRED MANDATORY verification, information and/or documentation will result in your interim request being canceled.***

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**Reasonable Accommodation:** If you, or any household member, have a disability that could prevent your full access to or utilization of AHA's Low Income Public Housing Program and its related services, you have the right to request a reasonable accommodation. A reasonable accommodation may include a modification of a rule, policy, procedure or service that will assist an otherwise eligible disabled applicant or resident to make effect use of its programs. If you believe you require a Reasonable Accommodation, please contact your Housing Specialist.

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1449 JERICHO CIRCLE, AURORA, ILLINOIS 60506  
Phone: (630) 701-9977 Fax: (630) 701-9974 Website: [www.auroraha.com](http://www.auroraha.com)

Equal Opportunity Employer, Equal Housing Opportunities

## CHANGE IN HOUSEHOLD COMPOSITION REQUEST

Head of Household: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

**\*\*Your request will not be processed without the below listed required verification\*\***

**MANDATORY ADDITIONS TO THE HOUSEHOLD (Please check all that apply):**

- Birth
- Adoption
- Court-Award Custody
- Foster-Care

1) Name: \_\_\_\_\_ Relationship to Head of Household \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Head of Household \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**\*\*Please attach a copy of the following, for each person being added to the household: Birth certification, Social Security Card, Declaration of 214 Status, and if applicable, court order custody and/or adoption paperwork and foster care documentation.**

**DISCRETIONARY ADDITIONS TO THE HOUSEHOLD (Please check all that apply): (AHA MUST APPROVE THE REQUEST 30 DAYS PRIOR TO MOVE-IN)**

- Marriage
- Other \_\_\_\_\_

1) Name: \_\_\_\_\_ Relationship to Head of Household \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Head of Household \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**\*\*Prior to approving the addition of the listed household member, AHA will schedule an appointment where the Head of Household and person listed above member must attend and provide required documentation. The scheduled appointment is mandatory prior to the additional household member(s) move-in date.**

**REMOVING A MEMBER FROM THE HOUSEHOLD:**

- Permanent (will be absent from the household for more than 90 days)
- Temporary (will be absent from the household for less than 90 days i.e. foster care placement, entering medical facility, incarcerated etc.)

Name: \_\_\_\_\_ Move Out Date \_\_\_\_\_

New Address: \_\_\_\_\_

Name: \_\_\_\_\_ Move Out Date \_\_\_\_\_

New Address: \_\_\_\_\_

**By signing below, I have released information to AHA with regards to my household composition. I am also certifying that the information provided with regards to my household composition is true and accurate to the best of my knowledge. I understand that any false statements contained herein may result in the termination of my housing assistance through the Housing Choice Voucher Program and/or retroactive rent charges.**

Household member completing this form: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_